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I certify that the vehicle to be used by the employee is NOT owned, titled, registered, or insured by the employee.   * I am aware of the suspension or revocation of the employee’s operator’s license due to a charge prior to conviction   or conviction resulting from or relating to driving under the influence.   * I am aware of the employee's request to the Kentucky Transportation Cabinet that he or she be allowed to install an   ignition interlock device (IID) on a vehicle(s) registered to him or her, either jointly or individually, and I certify that  that vehicle is not owned, titled, registered, or insured by the employee’s employer.   * I am aware of the employee’s request for a **work exception**. If granted by the Kentucky Transportation Cabinet, pursuant to KRS 189A.340(6) and 601 KAR 2:232, Section 9(10).   I understand that the employee will be allowed to operate an employer-provided motor vehicle or motorcycle, which is not equipped with an IID **for work purposes only and only during work hours**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Further, **I certify that**: (*Check all that apply*.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | | |  | | I have supervisory capacity over the employee/I am the owner of the company/I am the employer of the employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | The employee’s employer is the owner of the vehicle(s) that will be used by the employee listed below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | The company named above employs the employee listed below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | I have answered these questions to the best of my ability and, to the best of my knowledge, everything contained herein is true and accurate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | ***Employer shall provide days and times employer’s vehicle will be in use by the listed employee and notify the Cabinet when the schedule changes. If a flexible schedule, indicate general schedule and explain why the schedule is flexible.*** | | | | | | | | |  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | | **Start Time** |  |  |  |  |  |  |  | | **End Time** |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **I certify that:**  (*Select one*.) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | I certify that the above is the employee’s work schedule and it is fixed. I agree that I will notify the Cabinet of schedule changes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | I certify that the above is the employee’s general work schedule, but due to the reason(s) listed below, the employee has a flexible schedule that is regularly communicated to and approved by me or someone else in the company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Reason(s) for schedule flexibility:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Employer Signature:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | |  | | |  | |  | | | |  | | | | | | | |  | | |  | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | |  |  | |  | | | |  | | State: | | | | |  | | |  | | County: | | | |  | | | | | | | |  | | | Subscribed and sworn to me this | | | | | | | | | | | |  | | | day of | | |  | | | | | | | | | | | , | 20 | |  | | | | . | | Notary Public Signature: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | My commission #: | | | | | |  | | | | | | | | |  | Expires: | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | | |  |  | | | |  | | | | | | | | |  | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  |  | |  | |  | |  |  |  |  | | |  | |  |  | | |  |  | | |  | |  | |  | | |  | |  | |  | | |
| |  | | --- | | **INSTRUCTIONS TO APPLICANT:**  If the Kentucky Transportation Cabinet (Cabinet) authorizes you to apply for an ignition interlock license, you **shall** complete the Cabinet's TC 94-175 form, *Kentucky Ignition Interlock Program Application,* and submit it to the Cabinet. The Cabinet may, pursuant to 601 KAR 2:233, refuse approval of an ignition interlock license should your driving history reveal a current withdrawal, denial, suspension, cancellation, or revocation of driving privilege in any state/licensing jurisdiction. If you are indigent, you may complete the TC 94-188 form, *Kentucky Ignition Interlock Program Affordability Application.* | | **SECTION 3: EMPLOYEE/APPLICANT INFORMATION** |  |  |  |  |  | | --- | --- | --- | --- | | **FULL LEGAL NAME** (*Print*) | **EMAIL** | **PHONE** | | | **STREET ADDRESS** | **CITY** | **STATE** | **ZIP** | | **MAILING ADDRESS** (*if different from street address*) | **CITY** | **STATE** | **ZIP** | | **DRIVER LICENSE #** | **DATE OF BIRTH** (*mm/dd/yyyy*) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SECTION 4: EMPLOYEE/APPLICANT STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | I, | |  | | | | | | | | | | , am aware that, in order to be approved for the Employer Work Exemption, | | | | | | | | | | | | | | | | | | | | | |  |  | | *Employee/Applicant Name* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | I must provide proof of installation on a personal vehicle AND my license must have been issued with the Ignition Interlock restriction. I am also aware that, by being granted the Employer Work Exemption, **I will NOT receive day-for-day credit on the days the employer’s exemption is utilized** pursuant to KRS 189A.340(5)(c). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | **I certify that:**   * I am **NOT** the owner of the vehicle(s) that I am using in the capacity of my job. * I **DO** work for the company listed above and utilize an employer owned vehicle as part of the scope of my employment.   ***Upon the cabinet’s approval of the Employer Work Exemption, I agree and understand that this form MUST accompany me while operating my employer’s vehicle.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |  |  |  |  |  | | | | | | |  |  |  |  |  |  |  |  | | |  | | **Employee/Applicant Signature** | | | | | | | | | | | |  |  |  |  | **Date** | | | | | | |  |  |  |  |  |  |  |  | | | **KYTC USE ONLY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Approved  Declined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |  |  | | | | | | | | | | |  |  | | | | |  |  | |  | | **Reviewer Printed Name** | | | | | | | | | | | |  | **Reviewer Signature** | | | | | | | | | | |  | **Date** | | | | |  |  | |  | | **This application is not valid unless stamped and signed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |